County of Sonoma
Board of Supervisors
Boards/Commissions/Committees Application

Return Completed Application to: 575 Administration Drive, Rm. 100A Santa Rosa, CA 95403 (707) 565-2241 (707) 565-3778 FAX

POAPD/COMMISSION/COMMITT	TEE OF INTEREST: Indonono	lent Citizens Advisory Committee on Pension	
Matters	EE OF INTEREST: Independ	ent Cluzens Advisory Committee on Pension	
NAME			
ADDRESS			
	CELL PHONE		
BUSINESS PHONE	EMAIL		
HOW MANY YEARS HAVE YOU	RESIDED IN SONOMA COUN	ITY?	
PRESENT OCCUPATION			
EDUCATION:	MAJOR	CRADUATION DATE/DECREE	
SCHOOL	MAJOR	GRADUATION DATE/DEGREE	
		l	
COMMUNITY SERVICE	EXPERIENCE:		
ORGANIZATION	DATES SERVED	POSITION	
OTHER RELEVANT EXPERIENC	E/EXPERTISE (please summ	arize here and attach a resume):	

WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THIS BOARD/COMMISSION/COMMITTEE (and please explain your interest to serve on it)?		
WHICH ACTIVITIES OF THIS BOARD/COMMISSION/COMMITTEE INTEREST YOU THE MOST?		
WHICH ACTIVITIES INTEREST VOLUTIES FASTS		
WHICH ACTIVITIES INTEREST YOU THE LEAST?		
WILLT WOULD DE VOUD OOM, AS A DOADD/OOMMISSION/OOMMITTEE MEMBERS		
WHAT WOULD BE YOUR GOAL AS A BOARD/COMMISSION/COMMITTEE MEMBER?		
WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO SEE THESE GOALS REALIZED?		
USE ADDITIONAL PAPER IF NECESSARY		
PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:		

Please List any Membership in Professional, Labor, or Community Organizations		
Please indic Yes	cate whether you are a	member or beneficiary of any defined benefit retirement system
Appointees wil	ll be required to take an Oatl	h of Office & will be subject to filing an annual Statement of Economic Interest.
SIGNATURE		 DATE
(by signing you	u are affirming that you are i	not a member or beneficiary of the Sonoma County Employees Retirement Association)
Applications	s will be kept on file fo	r two years. All applications are available to the public.